

RECEIVED MAY 10 2005

2005 FCC Form 499-A Telecommunications Reporting Worksheet

>>> Please read instructions before completing. <<<

Approval by OMB
3060-0855

Annual Filing — due April 1.

Block 1: Contributor Identification Information

During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]	819522
102 Legal name of reporting entity	BESTEL, USA, Inc.
103 IRS employer identification number	94-3275457
104 Name telecommunications service provider is doing business as	BESTEL, USA, Inc.
105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]	
<input type="checkbox"/> All Distance <input checked="" type="checkbox"/> 1 CAP/CLEC <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Incumbent LEC <input type="checkbox"/> Interexchange Carrier (IXC) <input type="checkbox"/> Local Reseller <input type="checkbox"/> Operator Service Provider (OSP) <input type="checkbox"/> Paging & Messaging <input type="checkbox"/> Payphone Service Provider <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Private Service Provider <input type="checkbox"/> Satellite Service Provider <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC <input type="checkbox"/> SMR (dispatch) <input type="checkbox"/> Toll Reseller <input type="checkbox"/> Wireless Data <input type="checkbox"/> If Other Local, Other Mobile or Other Toll is selected, describe carrier type / services provided: --> <input type="checkbox"/> Other Local <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other Toll	
106.1 Holding company name (All affiliated companies must show the same name on this line.)	BESTEL S.A. De.C.V. (A Mexican Corp)
106.2 Holding company IRS employer identification number	94-3275457
107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0004268074
108 Management company [if carrier is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters	Street 1 520 Iturbide St. City Laredo Street 2 St TX Zip 78041 Street 3 Country USA
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109] check if same as Line 109 <input type="checkbox"/>	Street 1 520 Iturbide St. City Laredo Street 2 St TX Zip 78041 Street 3 Country USA
111 Telephone number for customer complaints and inquiries [Toll-free number if available]	(956) - 712-1522 Ext
112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.	
a Bestel USA Inc.	g
b	h
c	i
d	j
e	k
f	l

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

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Block 2-A: Regulatory Contact Information									
201 Filer 499 ID [from Line 101]	819522								
202 Legal name of reporting entity [from Line 102]	BESTEL, USA, Inc.								
203 Person who completed this Worksheet	First Juan			Last Millan					
204 Telephone number of this person	(956) - 712-1522			Ext 2126					
205 Fax number of this person	(956) - 712-1522								
206 E-mail of this person	jmillan@bestel.com.mx								
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Street 1	Ejercito Nacional 579	City	Col Granada	First	Juan	Last	Millan	
	Street 2		St	MX	Zip	11520	Ph.	956 712-1522	Ext 2126
	Street 3		E-Mail	jmillan@bestel.com.mx			fax		
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Street 1	Ejercito Nacional 579	City	Col Granada	First	Juan	Last	Millan	
	Street 2		St	MX	Zip	11520	Ph.		Ext
	Street 3		E-Mail				fax		
Block 2-B: Agent for Service of Process									
All carriers must complete Lines 209 through 213. During the year, carriers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.									
209 D.C. Agent for Service of Process per 47 U.S.C. §413	First	Sylvia	Last	Lesse	Company	Kraskin, Lessee & Cosson, LLC			
210 Telephone number of D.C. agent	(202) - 296-8890			Ext					
211 Fax number of D.C. agent	(202) - 296-8893								
212 E-mail of D.C. agent									
213 Complete business address of D.C. agent for hand service of documents	Street 1	2120 L SL NW	City	Washington	St	DC	Zip	20037	
	Street 2	Suite 520							
	Street 3								
214 Local/alternate Agent for Service of Process (optional)	First		Last		Company				
215 Telephone number of local/alternate agent	() -			Ext					
216 Fax number of local/alternate agent	() -								
217 E-mail of local/alternate agent									
218 Complete business address of local/alternate agent for hand service of documents	Street 1		City		St		Zip		
	Street 2								
	Street 3								

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Block 2-C: FCC Registration and Contact Information

Carriers must refile Blocks 1, 2 and 6
if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	819522		
220 Legal name of reporting entity [from Line 102]	BESTEL, USA, Inc.		
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First	Pablo	Last Vazquez Robles
222 Business address of individual named on Line 221	check if same as Line 109 <input checked="" type="checkbox"/> Street 1 520 Iturbide St. Street 3 Street 2 City Laredo St TX Zip 78041		
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First	Juan Carlos	Last Vazquez Robles
224 Business address of individual named on Line 223	check if same as Line 109 <input checked="" type="checkbox"/> Street 1 520 Iturbide St. Street 3 Street 2 City Laredo St TX Zip 78041		
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First	Mauricio Tena	Last Urbina
226 Business address of individual named on Line 225	check if same as Line 109 <input checked="" type="checkbox"/> Street 1 520 Iturbide St. Street 3 Street 2 City Laredo St TX Zip 78041		

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications service is likely to be provided in the next 12 months.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |

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Block 6 CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

819522

602 Legal name of reporting entity [from Line 102]

BESTEL, USA, Inc.

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to:

Universal Service ☐TRS ☐NANPA ☐LNP Administration ☐

Provide explanation below:

604 Please indicate whether the reporting entity is

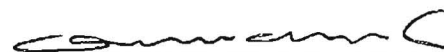
State or Local Government Entity ☐I.R.C. § 501 Tax Exempt ☐PUHCA § 34 (a)(1) Exempt ☐

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

☐

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature



607 Printed name of officer

First Omar

Last Corona

608 Position with reporting entity

Settlements Manager

609 Business telephone number of officer

(555) 53542138

Ext 2850

610 E-mail of officer

ocorona@bestel.com.mx

611 Date

05/06/2005

612 Check those that apply:



Original April 1 filing for year



New filer, registration only



Revised filing with updated registration



Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036

For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via e-mail: Form499@universalservice.org

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Exhibit C

2010 Form 499-A Registration Pages